

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035212

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1172

STATE FILE NUMBER

63-035212

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Joseph,

Length of stay in 1b  
63yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Mo

b. COUNTY

Buchanan

(Admission)

c. FULL NAME OF (If NOT in hospital; give location)  
HOSPITAL OR  
INSTITUTION 601 Mason

Inside Limits  
Yes ☐ No ☐

d. STREET  
ADDRESS

(If outside, give location)  
601 Mason

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
Ella

Middle  
Blanche

Last  
Sparks

4. DATE  
OF DEATH

Month Day Year  
Sept. 24, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 9, 1897

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired).

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Kingston, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas Pollard

13b. MOTHER'S MAIDEN NAME

Anna Pollard

14. NAME OF HUSBAND OR WIFE

Clifford Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Clifford Sparks, St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Probable renal arrest*

INTERVAL BETWEEN  
ONSET AND DEATH

*unknown*

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

*Hypertension & coronary atherosclerosis*

DUE TO (c)

*Diarrhea*

*± 10 yrs*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

*Diabetes mellitus*

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-28-53

to 9/24/63

and last saw her alive on 8-3-63

Death occurred at 8:10 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

*William H. Ames, MD*

22b. ADDRESS

*902 Edmund St*

22c. DATE SIGNED

*8-27*

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

9/27/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial park

23d. LOCATION (City, town, or county)

St. Joseph, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

*Charles Rupp* St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

Oct. 4, 1963

26. REGISTRAR'S SIGNATURE

*Wm. Clark Woodell*

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

W. H. Ames, M.D.

2111 2112  
2113 1  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

**Signature of Student Embalmer**

Signed [Signature]

Licensed Embalmer No. 3786

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.